DISCLOSURE SUMMARY PAGE 30 7 3 0 2003	DR-2 (Rev. 01/98) DISCLOSURE REPORT
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. # 135
Riesson for Representative Committee	Indexed
/ 5	Audited
IMPORTANT: Indicate type of committee you are reporting for:	Computer WRS
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
• •	ON /(2)NON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED 5/28/02 [Local	Committees, enter Date of Election
	ty & Local Committees, enter County In Election is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)	.s 3,988,96 xxx
ADD TOTAL MONEY TAKEN IN THIS PERIOD	71
Schedule A: Cash Contributions total (Attach Schedule A)	840,00 ME
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule Happlies to Candidates' Committees Only)	
SUB-TOTAL	s 4.828 96 184
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	3 4828 96 DA
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	17.01 06
UNPAID BILLS (From Schedule D - Attach Schedule D)	.s
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	.s <u>60</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	.s <u> </u>
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YESNO
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	s 60×183

5/31/02

	••		
For Instructions, See Back of Form		SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	NOV ,	A (Rev. 06/97)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Riessen for Representative Committee	Pm 11-12		CK THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITI NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBE			

DISCLOSURE BOARD.

CAUTION: Section 688.32A(6) Iowa Code, prohibits the use of information copied from reports and statements for spliciting contributions or

CAUTION: Section 688.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	CK# 7726	1/10 Votau: 122 w van Weiss west Burling for FASL655		\$ 2000	
	ю# ск# 3304	Don Roby 1202 Skyline 9 52/01		2500	
(5-15)	CK#6978 TWI	d (bery spencer		-5000	
(5-15)	ID#	1 (Amy Come		-125-00	
(5-15)	CK# Listed	(Mary Brockman .		-25 10	
(545)	CK# Cisted	405 Maple ST Burlingtonn 52601		- / / / / / **	
	ID# CK#				
	ID# CK#		· · · · · · · · · · · · · · · · · · ·		
-,	ID# CK#				
	ID# CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM			FORM ·	
			DR-2	DISCLOSURE
DISCLOSURE SUMMARY PAGE	AUG 2 2 2003	,	(Rev. 01/98)	REPORT
	Pm 82		For Office Use O	nly /
COMMITTEE NAME (Must be same as on Statement of Organization	n)	<u> </u>	Comm. #	5-1
(KIESSEN) FOR REPORSSITATIVE COMM	11788		Indexed	7
		- [[Audited	9-03
IMPORTANT: Indicate type of committee you are reporting for:		11	Computer	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) Cou (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central (8) Support State of Candidates	inty/Local Candidate Committee	[
Tains K Inonail 319	9 752-840-1		<i>K111</i>	8/03
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE SA	GNED
Routine Penalties Due For Late Filed	Reports Range	from \$	20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLL	OWING SENTENC	<u>E:</u>		
I AM FILING AREPO	RT FOR AN/A (1) ELI	ECTION .	/(2)NON-ELECT	ION YEAR.
(report date) 1/14/3/2005	FREDIKZ PRIMAN	dicate or	ne 🖊	
Y TO TAIL AND THE STATE OF THE	TVICEDING PRIMARY			
CHECK IF AMENDMENT TO REPORT DATED		Local Co	mmittees, enter Da	ite of Election
Check if this is final (termination) report and attach Notice of Dissol (You must continue to file reports until a Notice of Dissolution	ution Form DR-3.	County & which Ele	Local Committees ection is held	, enter County in
STATEMENT OF CA	ASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This is the				
of all monies held by the committee. This amount MUST be to same as the cash on hand at the end of the last reporting periods.	he ^		_ , _ ,	- CONTO
or must be zero if this is first report filed.)		\$	9 55	45,96 Costs
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule A)			90	15,W
Schedule F: Loans Received total (Attach Schedule F)				0
Schedule H: Total Sales of Campaign Property (Attach Sched				0
(Schedule H applies to Candidates' Committees C				
TOURISM IT REPRISE to CERTIFICATION	SUB-TOTA	AI \$	45	40 91
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				10116
Schedule B: Expenditures total (Attach Schedule B)			え か	32.07
				\bigcirc
Schedule F: Loan Repayments total (Attach Schedule F)		•••••		
CASH ON HAND at the end of this reporting period (if final report, balan be zero) (Attach DR-3)	nce must	\$_	1,5,	08.89
UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		2
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$	60	00
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)				2
CANDIDATE COMMITTEES ONLY:				-
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES	NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sched	luie H)	\$	6080	83
- · · · · · · · · · · · · · · · · · · ·				

7002 0510 0001 6480 8565

FOR INSTRUCTIONS, SEE BACK OF FORM	The second secon	/ 14	FORM	
DISCLOSURE SUMMARY PAGE	JUN 370	12	DR-2 (Rev. 01/98)	DISCLOSURE REPORT
	JUN 3 20 PM 5-2		r Office Use O	nly ,
COMMITTEE NAME (Must be same as on Statement of Organization			ımm. #/	35/
RIESSEN FOR REPRESENTATIVE	COMMITTEE	-	lexed	V.03 = 0
IMPORTANT: Indicate type of committee you are reporting for:		1 1	mputer W	RS
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)Cot (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central (8)Support Slate of Candidates	Inty/Local Candidate Committee			
SIGNATURE OF TREASURER (or person filing this report)	319 752-840 TELEPHONE	7	DATE S	18-02 IGNED
Routine Penalties Due For Late Filed	d Reports Range	from \$20	to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLI	OWING SENTENC	<u>E:</u>		
Chil FORMY			.NON EL EGT	IONYEAD
	ORT FOR AN/A (1) ELE	ECTION /(2 dicate one		IUN YEAR.
(report date)	Led wy "	dicate one	4_1	
CHECK IF AMENDMENT TO REPORT DATED	money in	Local Comm	nittees, enter Da	ate of Election
Check if this is final (termination) report and attach Notice of Disso (You must continue to file reports until a Notice of Dissolution	lution Form DR-3. is filed.)	County & Lo which Electi		s, enter County in
STATEMENT OF C	ASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This is the of all monies held by the committee. This amount MUST be same as the cash on hand at the end of the last reporting perior must be zero if this is first report filed.)	the riod,	\$	3,535	196
ADD TOTAL MONEY TAKEN IN THIS PERIOD		-		
Schedule A: Cash Contributions total (Attach Schedule A)			995	,00
Schedule F: Loans Received total (Attach Schedule F)			(<u> </u>
Schedule H: Total Sales of Campaign Property (Attach Sche			(2)
(Schedule H applies to Candidates' Committees		_		
	SUB-TOTA	AL\$	4531	960
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			1,000	<u></u>
Schedule B: Expenditures total (Attach Schedule B)			3,032.	07
Schedule F: Loan Repayments total (Attach Schedule F)				
		-		
CASH ON HAND at the end of this reporting period (if final report, bala be zero) (Attach DR-3)	nce must	\$	1,498	.89
JNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0	
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$	60	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			0	
ANDIDATE COMMITTEES ONLY:				
ONSULTANT BREAKDOWN (Schedule G Attached?)	i		YEŞ	V NO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sched	dule H) S/B	0 s _	YEŞ	<u> </u>

For Instructions.	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (MI	ust be same as on Statement of Organization)
Ripsson for	Ronrecentative Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
\	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	Gary Spencer		s	
5/15/02	CK#6978	3120 Aul K FT Madisan IA 52627		500	
	ID#	Amy Camp			
5/15/02	CK# 6/22	West Burlington IA 52655		25-60	
	ID#	Mary Bruckman			
5/15/02	CK# 5753-	2344 213 A ST FT Malison, IA 52627		25-00	
7 7	ID#	Jemes Richards un			
5/15/02	CK# 20/9	Burlington IA 52601		100 00	_
	ID#	Henry Marguard			
5/20/02	CK# 6/6/	108 Eagle Watch Rd Muccatine IA 52761		1000	
/ /	ID#	Don Wemmie			
5/20/02	CK# 7665	1/8 Producy W. Burlington IA 52605		1000	
	ID#	John Riessen			
5/20/02	CK# 6/82	3/6 Kim serly Or West Burlington IA 52655		3/000	
/ /	ID#	John Riessen			
5/23/02	CK# 6/89	1865 Kimserly or West Burlington IA 52655		100 00	
	ID#	Laum Worler			
5/23/02	CK# 1067	10721 1987 ST Sperry IA 52650		25-0	
	ID# 8026	IBEW -COPE			
5/23/02	CK#04656	Wishington Da 20005		2500	
/ _/_			SUB-TOTAL	¢	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

TOTAL (if last page of this schedule)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Ries	sen for Re	epresentative Comm	ittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/17/02	ID# CK# 1028	KBUR ROVIO 1911 N. Rousevelt Aug Burlington Tours 52601	Radio Spot ads	\$ 20/6.
5/17/02	CK# 1029	KWPC Redio 3218 Mulserry Muscortine Intra	Radio Spot ads	340 00
5/21/02	ID# CK# /030 ID#	Crafstown Press 203 N 3rd ST Burlington IA 52(0)	POST cards / Letterhead additional Campaign Cards	296 93
	ID# CK# /03/ ID#	Form Bureau pikesman po Bux 640 406 STEVERA, Jour F31/5,	Ad in Form Bureau Spakesman in Lauisa + Des Maines Counties	143 10
1	ID# CK#/032 ID#	POST MOSTER BUTTINGTON, IA 52601	Bulk Mailing Postage permit syg	130 48
5/25/02		Columbus G22eHe 207 Main St POBOX 26- Columbus Junction, IA		19 88
	CK# /224	Des Maines Co Nows 204 Broodway West Burlington, TA	Ad - Primary	26 04
5/28/02		Wayello Republican 30) James Hodges Ave Wagello, Towa	Ad - primary	28 14
			SUB-TOTAL	\$3,000.57
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page		of	2
3			

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES				
CHECK THIS BOX IF					

Rie	sen for	Representative at	mmittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	MAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/28/02	ID# CK#/036	OSCIP Argueta El Heroldo Hispania 215 Munroe Street MT Pleasant, Ioux	Ad - Primary	\$ 3/50
	ID# CK#	,		
	ID#			
	ID# CK#		`	
	ID# CK#			
			SUR-TOTAL	\$ 01.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 2 of 2

TOTAL (if last page of this schedule)

	EE NAME (Must be same as on Statement of Organiz		THE	(Rev. 06/97)	IN KIND CONTRIBUTIONS
1017C2	sere for fill for the file of the	_ congress /			THIS BOX IF ING FORM
				<u> </u>	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
02/04/02	SEANNETTE KLEIN 100 ASPEN CIACLE BURLINGTIN TA. STADI	FRIEND	CAMPAILU SUTTOWS	6000	
		Samuel Marie Commission of Commission (Samuel Marie Commission of Commis	· ************************************		
	,				
			, , , , , , , , , , , , , , , , , , ,		
			SUB-TOTAL TOTAL (if last	60 00	
			page of this schedule)	60 00	gen d

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Page _____ of _____ (for Schedule E)

SCHEDULE

RIESSER	ME (Must be same as on St) FOR REPRESE NG INVENTORY OF (WATUE	Committ		ES OR TRANSFERS OF CAMPAIGN	I	EACH R CHANGI	SCHEDUL REPORT, M ES AS REQ CK THIS E IDING FO	AKING QUIRED. BOX IF
tate Purchased (Schedule B) r Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report	Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value o
-08-02	SIGNS VINYL- I PARER.	608,83	608.83						
								(
					e.				
					-				
	MPAIGN PROPERTY THIS (REPORT 608	2.83		RTY SALES & TRANSFERS TOTAL FER TO SUMMARY PAGE) \$	тот	TALS	\$	s